



PicnicHealth

To collect your records, we need your signature for the authorization forms

Authorization Letter

[DATE]

We herewith authorize

[Type here the authorized company]

[Type here the address]

As our agent to promote, negotiate, tender, sell, exhibit and responsible for all the after-sale service on behalf of our [TYPE HERE COMPANY NAME] in the whole territory of [type here the country] for sale of our products [NAME OF PRODUCTS example, digital thermometer, nasal cannula, nebulizer kit, elastic bandage].

This Certification commences on the date of signing and is valid for {NO. OF YEARS} year from [START DATE] to [END DATE].

This Certification will become null and void unless it is agreed between

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